



BOROUGH OF ABERGAVENNY

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Medical Officer  
OF  
Health's Report  
1953



S. M. R. HARVEY, B.Sc., M.B., Ch.B., D.P.H.



# Annual Report

1953

Mr. Mayor and Gentlemen,

I have the honour to submit the 71st Annual Report on the state of the public health in Abergavenny Borough during 1953.

Health may be defined as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As we have still no accurate means of measuring health in the positive sense, our main index for its assessment is based on records of sickness and death. From vital statistics included later in this report and from personal observations, it is gratifying to note that the health of the population of Abergavenny Borough continues, on the whole, to be very satisfactory.

A crude death-rate of 10·26 per 1,000 population is the lowest ever recorded in the town. When comparing the death-rate of one place with that of another, it is necessary, first of all to remove the influence of variable factors, such as differences in age and sex constitution of the populations. To do this the Registrar General provides a comparability factor which when multiplied with the crude death rate provides an adjusted death-rate, namely, 9·03 for Abergavenny Borough (an even lower figure). This rate is significantly lower than the death-rate prevailing in the County of Monmouthshire and in England and Wales as a whole. Coupled with this fall in death-rate there has been an increase in the expectation of life and together these indicate that the inhabitants of Abergavenny are healthier and are living longer.

A crude death-rate of 10·26 is particularly noteworthy since the elderly form a considerable proportion of the town's population.

It is more than probable that continued improvements in housing and social conditions together with a comparatively high percentage of full employment have played a considerable part in producing such a low death-rate. The majority of deaths are

attributed to Cardio-Vascular diseases, as are the majority throughout the Country, and in this group Coronary Thrombosis took the heaviest toll. A rather disquieting feature is the increase that has occurred in the number of deaths attributable to Cancer, which accounts for nearly one-third of all deaths in Abergavenny during 1953. In the past, Cancer occupied a lowly place in the list of principal killing diseases, but it now occupies second place. Of the 27 Cancer deaths, 4 were due to Cancer of the lung, the latter affecting the male population only. It is probable that an ageing population and improved methods of diagnosis have been partially responsible for the rise in mortality from Cancer. But, if lives are to be saved, and if the means of prevention is dependent on knowledge of causation then further and continued Cancer research is urgently required.

It is observed that Infectious Diseases have continued to play a negligible part as a cause of mortality, and this decline of recent years has served to increase the number of potential victims to Cardiovascular degenerations and malignancy.

Despite improved housing conditions, welfare facilities, increased family allowances and other national insurance benefits, the birth-rate in Abergavenny and in the Country generally, continues to fall. In view of this decline it becomes increasingly important that the Infant Mortality and Still-Births rates be lowered. In 1953, the former was appreciably lower than in other parts of the Country but the substantial rise in the latter is, to say the least, disappointing. The infant deaths occurred in the first week of life and as the causes of neonatal deaths and still-births are closely allied, the high still-birth rate gives rise to even more anxiety. These deaths were more or less evenly distributed between hospital and home confinements. It is probable that more than one causative factor was involved, but it behoves all concerned with Midwifery, and especially the mother herself, to do all in their power to reverse this lamentable trend. Although there was only one maternal death during the year, one asks how much maternal morbidity occurred, but until we have a means of measuring morbidity, no accurate conclusions can be drawn.

For many years, the estimated population of Abergavenny Borough (9070 in 1953) has remained relatively static but there has been a gradual change in its age pattern. Whereas at the beginning of the century, the population was weighted by its young members, today the ranks of the elderly has appreciably swollen. This has been due on the one hand, to a declining birth-rate (15·4 in 1953 against 24·3 in 1901), and on the other to advances made in medicine and the improvements brought about in both physical and social environment. Thus the care of the aged with its associated problems demand increasing public attention. Most of the old folk prefer to live in their own homes and with a little help many of them are able to do so. In these days, with fewer children able and willing to aid their aged relatives, admirable help has been provided by the Home Help and District Nursing Services. But many of the homes have become too large, they lack modern amenities and are inadequately heated in winter. These defects could be remedied by the provision of more bungalows for the aged, by the Local Authority, which would at the same time allow the vacated houses to become available to younger and larger families. Care must be taken, however, not to isolate the elderly. One would also like to see, in Abergavenny Borough, an extension of the Chiropody and Massage services now operated by the Monmouthshire County Council. Some old people, on the other hand, are suffering from chronic illnesses which can only be adequately treated in hospital, and the difficulties encountered in obtaining hospital admission for such cases emphasises the need for additional 'geriatric beds.' None wish to die young and fortune is fickle, therefore it is in our own interest to see that adequate provision is made for the elderly.

It is often difficult to assess the degree of association between housing and health but there is no doubt that bad living conditions undermine both mental and physical health. Abergavenny, being an ancient town, has an appreciable number of old delapidated dwellings. Such streets as Flannel Street, Mill Street and Tudor Street still await clearance, but due to shortage of staff and pressure of work, progress in this direction, has been unavoidably slow. However, some of the worst houses have been, and are being,

individually demolished or closed. In 1953, 82 new houses became available, another rung but on a very tall ladder as there remains 462 applicants on the Borough's housing Waiting list, some of whom are still obliged to live in dreary squalor. Abergavenny can be justly proud of the houses built since the War, and it is also a happy thought that the children of Llwynu Estate will soon be in attendance at their New School. But I would like to stress here the urgent need for the provision of shops in this large estate. Mothers with young children find shopping an increasing handicap and I suggest that action be taken to remedy this deficit as soon as possible.

### **Maternity and Child Welfare.**

The Infant Welfare Clinic is held on the Tuesday of each week, and Ante-natal clinic on alternate Tuesdays. Mothers and children under 5 years of age from the Borough of Abergavenny and from the Rural District may attend at these Clinics. There are two Health Visitors and a Doctor in attendance.

I wish to stress once more, considering the prevailing still-birth rate, the importance of early and regular attendance of expectant mothers at the Ante-natal Clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy and there are some who never attend.

It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of the ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1953 a monthly average of 172 babies attended the Infant Welfare Clinic. Welfare Food is obtainable at the Centre with the exception of National Dried Milk, Cod-liver Oil and Orange Juice which are up to date obtainable at the Food Office.

Material resources (housing standards, sanitation, feeding etc.) parental care and medical and nursing services, each play a part in the infant's chance of survival. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living.

Towards the end of 1951, the routine skin testing of children under 5 years with tuberculin was introduced at the Infant Welfare Clinic. The Mantoux and Jelly Tests are employed. Any positive reactions are referred to the Chest Physician and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare forms a part of the Anti-Tuberculosis Scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at this Clinic. The main object of the immunisation is to secure that each generation of infants receives protection at an early age. It is now recommended that an infant should be immunised against Diphtheria at or about the age of 8 months. The fall in the incidence of Diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, the Borough of Abergavenny like the rest of the country, has followed the trend of a decrease in the numbers vaccinated ; from the public health point of view, this is regrettable. Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation, and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge at the surgeries of General Practitioners and at the Maternity and Child Welfare

Centres. Great encouragement is given to mothers to have their children vaccinated and immunised. In the Borough of Abergavenny, the Public Health Department send a Birthday Card to parents reminding them of the advantages of immunisation. Both vaccination and immunisation figures showed a satisfactory increase in 1953 and it is hoped that this improvement will at least be maintained in 1954.

#### Vaccination against Small Pox

Age Groups	Nos. vaccinated in 1950		Nos. vaccinated in 1951		Nos. vaccinated in 1952		Nos. vaccinated in 1953	
Under 1 year ...	16	...	9	...	19	...	36	...
1-4 years ...	4	...	20	...	8	...	19	...
5-14 years ...	—	...	6	...	—	...	2	...
15 plus ...	6	...	13	...	12	...	24	...
Totals ...	26	...	46	...	39	...	81	...

#### Immunisation against Diphtheria

Age Groups	Nos. immunised in 1950		Nos. immunised in 1951		Nos. immunised in 1952		Nos. immunised in 1953	
Under 5 years ...	85	...	83	...	44	...	93	...
5-14 years ...	2	...	19	...	6	...	25	...
Totals ...	87	...	102	...	50	...	118	...

#### Domiciliary Midwifery Service.

Under the re-allocation of the District Midwifery Service, one District Midwife is resident in the Borough. The monthly average of nursing visits was 101. The upward trend in the number of institutional confinements continues either for social or obstetric reasons and domiciliary midwifery has of necessity gradually declined.

There is one District Nurse resident in the Borough. The monthly average of nursing visits was 435. There has been an increasing call made on the District Nurse especially in relation to the Chronic sick and the tuberculosis patient treated at home.

#### Health Visiting.

One Health Visitor is employed for routine Domiciliary Visits, Tuberculosis visiting, School Inspections (cleanliness of body and clothes) and for attending the Maternity and Child Welfare Clinic.

## **Domestic Help Service.**

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to Hospital, thereby helping to relieve the pressure upon hospital administration.

The Service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income ; persons considered to be in financial difficulties receive Service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 52 Domestic Helps in the area of which approximately 28 are working in the Borough. All are engaged on a Temporary part-time basis. The number of cases attended in the area was 121 ; the average weekly number of hours worked was 755.

## **Ambulance Service.**

Abergavenny Borough is served by two St. John Ambulances with four drivers, and they provide the Ambulance Services for the Borough and adjacent area, under the control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Control aims at making the most economic use of ambulances, and mutual assistance between local Health Authorities avoids, as far as possible, ambulances running empty. However, it is felt that when the sick are transported by ambulance, there should always be an attendant with some nursing training travelling with the Ambulance Driver.

## **Health Education.**

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last fifty years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public.

To-day, it is second nature for the appropriately trained staff of a Health Department, whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work and in the Clinic.

## **Mental Health Service.**

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service, in the No. 10 Area, now operates from Leven House. The service is co-ordinated with the Regional Hospital Board, and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny, but individual cases, patients suffering from nervous strain, and who are finding difficulty in adjusting themselves in their homes or at their work are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

## **Medical Appliances.**

The location of the Medical Appliances Depot for the Borough is St. John Ambulance Hall, Abergavenny.

## **Welfare Services.**

The Welfare Officer of No. 10 Area caters for the needs of Abergavenny Borough as regards Welfare Services, which come with the provisions of the National Assistance Act (1948-1951).

## **National Assistance Act, 1948-51. Section 47.**

During 1952, it was not found necessary to take action under Section 47 of the National Assistance Act, 1948-51.

# VITAL STATISTICS.

	1938	1947	1948	1949	1950	1951	1952	1953
Area in Acres ...	2398	2398	2398	2398	2398	2398	2398	2398
Population (Est.)	7925	8427	8532	8597	8534	8908	9058	9070
Inhabited Houses (according to Rate Book) ...	2366	2388	2455	2495	2518	2594	2783	2765
	£	£	£	£	£	£	£	£
Rateable Value	49304	51658	53028	55296	56000	56831	58733	60191
1d. Rate ...	188	202	203	203	207	208	222	230

	1953	Total	M.	F.	1953	Borough	County	E.&W
<b>Live Births.</b>								
Legitimate	135	61	74	} Birthrate per 1,000 of estimated resident population ...	15'4	16'79	15'5	
Illegitimate	5	4	1					
Total	140	67	75					

Still Births.									
Legitimate	7	4	3	} Rate per 1,000 total (Live & Still Births) Births	54'0 22'4				
Illegitimate	1	1	0						
	—	—	—						
Total	8	5	3	Rate per 1,000 popul'n	0'88	0'47			

Deaths.									
All Causes	93	39	54	Death rate per 1,000 estimated resident population		..	10'26	11'58	11'4
Deaths from Cancer— all ages	...	27	12	15	}				
Death from Cancer of Lung	...	4	4	0					
Deaths due to Pregnancy, Childbirth, Abortion ...							1		
Maternal Mortality Rate (Rate per 1,000 births)							1'09		

## Infant Mortality.

Infant Deaths from Measles	...	Nil
Whooping Cough	...	Nil
Diarrhoea	...	Nil
All causes	...	2 (1 m. 1 f.)

# Deaths of Children under 1 year of age in Age Groups.

Age Group	Number of Deaths.	
Under 1 week	...	1
1 - 3 weeks	...	1
1 - 2 months	...	0
3 - 5 months	...	0
6 - 8 months	...	0
9 - 12 months	...	0
		—
Total	...	2

*Borough County E.&W.*

## Infant Mortality Rate

(Rate per 1,000 Live Births)	...	14'3	32'63	26'8
(Legitimate)	„ „	...	14'3	
(Illegitimate)	„ „	...	Nil	

<i>Year.</i>	<i>Population.</i>	<i>Live Births.</i>	<i>Deaths.</i>	<i>Birth Rate.</i>	<i>Death Rate</i>
1931...8490 (Estimated)		137	119	16'10	14'01
	8608 (Census)				
1938...7925 (New Borough)		115	108	14'50	13'6
1939 . 7832	do.	118	144	15'10	18'38
1940.. 8407	do.	122	149	14'50	17'7
1941...8769	do.	130	135	14'60	15'39
1942...8468	do.	134	113	18'80	13'34
1943...8174	do.	127	122	15'56	14'68
1944...7931	do.	139	104	17'50	13'11
1945...8275	do.	141	120	17'0	14'5
1946...8439	do.	147	110	17'5	13'03
1947...8427	do.	152	115	18'0	13'64
1948...8532	do.	146	138	17'1	16'17
1949...8597	do.	134	94	15'6	10'9
1950 . 8534	do.	130	145	14'4	16'99
1951...8904	do.	161	157	18'1	17'63
1952...9058	do.	154	108	17'0	11'9
1953...9070	do.	140	93	15'4	10'26

## INFECTIOUS DISEASES.

Scarlet Fever	...	During the year	20 cases were notified
Whooping Cough	...	do.	no cases were notified
Measles	...	do.	133 cases were notified
Cerebro-spinal Meningitis	...	do.	no cases were notified
Infantile Paralysis	...	do.	no cases were notified
Erysipelas	...	do.	2 cases were notified
Diphtheria	...	do.	no cases were notified
Dysentery	...	do.	no cases were notified
Encephalitis	...	do.	no cases were notified
Acute Primary Pneumonia	...	do.	1 case was notified
Salmonella Typhimurium	...	do.	2 cases were notified

## TUBERCULOSIS.

Notified : Pulmonary	- M 5 F 7	Non-Pulmonary	- M 0 F 0
Deaths :	do. M 0 F 0	do.	M 0 F 0

### Notifiable Infectious Diseases (other than Tuberculosis) classified according to sex and age groups

Disease	Sex	Age 0-4	Age 5-9	Age 10-14	Age 15-24	Age 25 plus	Total
Diphtheria	Male	...	...	...	...	...	...
	Female	...	...	...	...	...	...
Scarlet	Male	1	3	...	...	...	4
Fever	Female	5	10	1	...	...	16
Meningococcal	Male	...	...	...	...	...	...
Infection	Female	...	...	...	...	...	...
Measles	Male	22	24	1	...	...	47
	Female	43	40	2	1	...	86
Whooping	Male	...	...	...	...	...	...
Cough	Female	...	...	...	...	...	...
Enteric Fever	Male	...	...	...	...	...	...
	Female	...	...	...	...	...	...
Infantile	Male	...	...	...	...	...	...
Paralysis	Female	...	...	...	...	...	...
Dysentery	Male	...	...	...	...	...	...
	Female	...	...	...	...	...	...
Erysipelas	Male	...	...	...	...	1	1
	Female	...	...	...	...	1	1
Encephalitis	Male	...	...	...	...	...	...
	Female	...	...	...	...	...	...
Acute Primary	Male	...	...	...	1	...	1
Pneumonia	Female	...	...	...	...	...	...
Salmonella	Male	...	...	1	...	...	1
Typhimurium	Female	1	...	...	...	...	1

**Tuberculosis.**  
New Cases and Mortality during 1953.

Age	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	...	...	...	...	...	...	...	...
1-4 years	...	...	...	...	...	...	...	...
5-9 years	...	...	...	...	...	...	...	...
10-14 years	...	...	...	...	...	...	...	...
15-19 years	..	1	...	...	...	...	...	...
20-29 years	2	...	..	...	...	...	...	...
30-39 years	1	4	...	...	...	...	...	...
40-49 years	1	...	...	...	...	...	...	...
50-59 years	1	1	...	...	...	...	...	...
60 and over	...	1	...	...	...	...	...	...
	—	—	—	—	—	—	—	—
Totals	5	7	...	...	...	...	...	...

**Infectious Diseases.**

During 1953, the Borough of Abergavenny was again remarkably free from any severe outbreaks of Infectious Diseases.

**Diphtheria.**

The incidence of Diphtheria in England and Wales has steadily declined since the national immunisation campaign was extensively undertaken in 1942. There were no notifications of this disease in Abergavenny during 1953, but there is still danger—especially if immunisation is neglected. Children still die of it and even if a child does not die the illness may be long and painful. The object of immunisation is to afford each child the maximum degree of protection, and unless an adequate level of immunisation is maintained there maybe a return of diphtheria outbreaks such as recently experienced in an outbreak in the Midlands. Parents should see that their children have this protection and should avail themselves of the facilities provided.

## **Scarlet Fever.**

Although the number of notifications of Scarlet Fever was higher in 1953 than in 1952, it is possible that they were more complete in 1953. All the cases continued to be mild in character and carried no fatality. Females appeared to be more susceptible than males, with a maximum age incidence of 5 to 9 years. It is probable that the improvement in the disease has been due not only to the mild type of the attacking haemolytic streptococcus but also to the introduction in recent years of sulphonamides and antibiotics in the treatment of Scarlet Fever.

## **Measles and Whooping Cough.**

The incidence of measles has ebbed and flowed at intervals of 2 years; 1953 being an epidemic year with 133 notifications and maximum incidence under 9 years.

There were no notifications of Whooping Cough; one questions whether notification was incomplete or was the town in fact absolutely free from this dreaded disease of childhood. Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have attributed to the decline in mortality.

## **Infantile Paralysis.**

Infantile Paralysis was again conspicuous by its absence from the Borough of Abergavenny.

## **Food Poisoning.**

We have been fortunate that there have been no large outbreaks of Food Poisoning in Abergavenny Borough in recent years. Only two notifications of Salmonella Typhimurium infection were received during 1953. Due to the delay between onset of symptoms and receipt of notification it was impossible to trace the source of the infection.

Food Poisoning would largely be eliminated if good kitchen hygiene was observed by all food handlers and only freshly cooked food served at all times.

### **Tuberculosis.**

Mortality from Tuberculosis has steadily declined of recent years and in 1953, no deaths from this disease were registered in Abergavenny. There has also been a fall in the number of notifications, 12 cases of Pulmonary Tuberculosis being notified (1953). On receipt of these notifications, 37 family contacts were interviewed, these have since been X-rayed either at a Chest Clinic or by a Mass Radiography Unit, and X-ray reports in all cases have been negative.

Of the 12 tuberculosis cases notified, 7 are still in hospital, one is receiving domiciliary treatment, one has recently been discharged from hospital and the remaining three are back at work. It is gratifying to note that on the whole there appears to have been a marked decrease in waiting period for admission to hospital.

The decline both in morbidity and mortality from Tuberculosis is largely attributable to the admirable work of the medical profession and the new methods of treatment in Tuberculosis. An appreciable part has also been played by the improvement in housing, the rise in the standard of living, and in the better education of the population both generally and in the prevention of the disease.

I have the honour to be,

Your Obedient Servant,

S. M. R. HARVEY, M.B., B.Ch., D.P.H.  
Medical Officer of Health.

## Water Supply

The Town is supplied with water derived from springs situated in the Llwynddu Mountain, and collected in a covered holding reservoir of 6,000,000 gallons capacity.

Here the water is purified by subjecting it to storage and chlorination before being discharged into the services.

The yield of the springs averages some 500,000 gallons per day. This can be supplemented by water from a borehole with verticle shaft electric pump which could provide up to 100,000 gallons per day. In any event an adequate supply is now assured by drawing on the mains supply of the Newport Corporation at Llanfoist.

The consumption of water remained fairly static at the high figure of 50 to 55 gallons per head per day.

Constant vigilance on water wastage was maintained by the Waste Water Inspector employed by the Council.

Routine tests of the water by the Reservoir Attendant with the Chlorescope ensures that complete chlorination of the water is carried out, and this was supplemented by samples from services being submitted for bacteriological examination by the Public Health Laboratory Service.

### Particulars regarding Water Services to Borough.

Total number of Dwelling Houses (approx).	...	2870
Estimated Population	... ..	9070
Number of Dwelling Houses supplied from Public Water Mains.		
(i) Direct to Houses	... ..	2795
(ii) By means of Standpipes	...	75
Estimated number of persons supplied.		
(i) Direct to Houses	...	8804
(ii) By means of Standpipes	...	266

A small number of dwellings and farms not within the serving area of the mains involving some 18 dwellings are supplied from small private supplies.

In the case of two bungalows whose private supply is unsuitable, these are still being supplied with regular supplies of drinking water, the extension of the main not yet having been carried out. It is anticipated that this matter will be dealt with in the very near future.

Until this is provided, pure water for drinking purposes will continue to be supplied by the Authority to a cistern erected near the dwellings.

## FOOD.

### Milk Supplies.

14 retailers operate within the Borough. 9 Licences have been granted for Tuberculin Tested (Raw) Milk, 4 for Tuberculin Tested (Pasteurised) Milk, 4 for Pasteurised Milk and 1 for Raw Milk.

5 samples taken during the year all proved satisfactory, and the high standard of milk distribution was maintained.

There is one Pasteurising and Bottling Plant established in the Borough, viz. : F. Franklyn, Usk Vale Dairy. These premises are, of course, under the supervision of the Medical Officer of the Monmouthshire County Council.

No milk diseases were reported during the year, and the co-operation of the retailers in respect of matters drawn to their notice was such that no legal action was necessary.

### Other Foods.

132 visits were made to shop premises and with 2 exceptions a high standard of cleanliness both in premises, staff and methods of handling were apparent.

### Inspections at Food Premises during the year.

			No. of Shops.	No. of Inspections.
Butchers Shops	...	...	11	45
Retail Food Shops	...	...	39	87
Restaurants (including Cafes and Snack Bars)			17	30
Bakeries	...	...	8	40
Market	...	...	1	47
Slaughterhouses	..	...	1	340
Greengrocers and Wet Fish Sales		...	7	23

There is, in the town, one large food factory, viz. : Usk Vale Food Factory, a smaller Mineral Water Factory, Messrs. Hansards (Whitings) Ltd., a progressive outside Caterer, Messrs. R. H. Stevens & Sons, also a Grade 1 Bacon Factory, Messrs. Bonds (Cardiff) Ltd. In other small establishments, Bakery and Flour Confectionery are carried out, and 9 butchers manufacture meat preparations.

Routine inspections are carried out at all the above, and also at the 3 Fried Fish Shops established in the town.

Generally, a satisfactory standard is maintained in all the premises.

### Inspection of Food Stuffs other than Meat.

During routine inspections or by request, the following food-stuffs were examined, and found to be unfit for human consumption, after voluntary surrender by the Retailers :—

Canned Foods including Tinned Jams and Meats	...	789
Bottled Foods including Jam and Sauces	...	17
Canned Fruit	...	448
Food in Packets including Cereals, Cake Mixtures	...	109
Canned Milk, including Canned and Bottled Cream	...	300
Tinned Imported Cooked Hams	...	111
Canned Fish	...	46
Wet Fish	...	144 lbs.
Meat and Sausages	...	367
Cheese	...	2 lbs.
Bacon	...	15 lbs.
Cereals and including Biscuits...	...	6 lbs.
Dried Fruit	...	138 lbs.

No instance of such food being exposed for sale was encountered.

### Ice Cream.

Of the 29 premises registered with this authority under the Sale of Food and Drugs Act, 1938, only 3 are used for the manufacture of ice-cream.

One of these uses the Heat Treatment, the other two adopting the cold mix method. All the manufacturers comply with the Ice-cream (Heat Treatment) Regulations, 1947.

In the case of the other retailers the practice is to purchase wrapped ice-cream from outside firms who mass-produce the product and who provide refrigerated conservers for the use of the retailers.

4 samples were taken during the year, and were found to be of satisfactory standard. Frequent inspections were carried out and the co-operation of the retailers and manufacturers was most commendable.

### **Prevention of Damage by Pests Act, 1949.**

Throughout the year the work was carried out in a very satisfactory manner according to the Act.

Two maintenance treatments of the sewers were carried out, the results being summarised as follows :

#### *Treatment No. 1 (April 21st to May 9th, 1953).*

Number of Manholes baited	...	192
Number showing complete takes	...	Nil
Number showing partial takes	...	21
Number showing no takes	...	171

#### *Treatment No. 2 (October 21st to Nov. 1st, 1953).*

Number of Manholes test baited	...	43
Number showing complete takes	...	Nil
Number showing partial takes	...	14
Number showing no takes	...	29

The method adopted was the placing of bait on the "benching" in the manholes or on trays fixed into the brickwork and provided with thick rope to allow rodents to climb to the trays. Bait and poison used were changed for the second treatment, the poison being deposited wherever a prebait take had been visited. The results were satisfactory and a lessening of surface infestation noticed after each treatment.

Routine bi-annual treatments were carried out by "test-baiting," i.e. baiting of a percentage of manholes, particularly in those districts showing a steady surface population. Satisfactory results were obtained.

This routine was followed by treatment at the Sewage Works and Refuse Tips. This apart from other visits made at more frequent intervals. The attention given to this particular part of the town is justified when one considers that while some years ago it proved a prolific source of infestation for the town, the rat population has now been reduced to almost a negligible number.

### Surface Infestation.

Routine surveying of the town area is maintained, and all complaints investigated without delay. There are now no heavy major infestations in town.

The following is a summary of the work carried out :—

Total number of premises in the area	...	2894
do. do. inspected	...	234
do. inspections made for this purpose	...	985
do. of premises infested by rats	...	117
do. do. treated by the Local Authority		117
do. do. lightly infested by mice	...	21
Number of block control schemes carried out	...	2

## Factories 1937 & 1948

The following represents the distribution of trades in the factories in the Borough :—

	Number of Factories	Mechanical Power used	With Power not used
Agricultural Machinery Repairs ...	2	2	0
Bakehouses ...	8	7	1
Bacon Curing ...	1	1	0
Beer Bottling ...	1	1	0
Blacksmith ...	2	1	1
Boot and Shoe Repairs ...	6	6	0
Cellulose Spraying ...	4	4	0
Cement Products ...	1	0	1
Egg Grading ...	1	1	0
Electrical Repairs (including Radio)	7	1	6
Firewood ...	2	2	0
Florist (Wreaths) ...	3	0	3
Gas Undertaking ...	1	1	0
Ice-Cream ...	3	3	0
Ironworkers and Engineers ...	1	1	0
Leather Products ...	2	2	0
Locomotive Repairs ...	1	1	0
Meat—Small Goods ...	9	9	0
Milk Pasteurisation and Bottling	1	1	0
Mineral Waters ...	1	1	0
Monumental Masonry ...	1	1	0
Motor Repairs ...	9	8	1
Printing ...	2	2	0
Soft Toy Manufacturing ...	1	1	0
Sugar Confectionery ...	1	1	0
Tailoring and Dressmaking ...	3	1	2
Upholstery and French Polishing	1	1	0
Welding (Acetylene & Electrical)	2	2	0
Wool Staplers ...	2	0	2

**Outworkers :—** 12 outworkers are listed, and they are all concerned with the altering and repairing of wearing apparel.

81 Inspections were carried out, and the following is a statement of cases from which defects were found.

**Number of cases in which defects found.**

Particulars	Found	Remedied	Referred to H.M. Insp.	By H.M. Inspector	Prosecutions Instituted.
Want of Cleanliness ..	3	3	0	1	0
Overcrowding ...	0	0	0	0	0
Unreasonable Temperature ..	0	0	0	0	0
Inadequate Ventilation	0	0	0	0	0
Ineffective Floor and Drainage ..	1	0	0	0	0
Sanitary Conveniences—					
(a) Insufficient ...	0	0	0	0	0
(b) Unsuitable or Defective ...	3	3	0	1	0
(c) Not separate for sexes ...	0	0	0	0	0
Escape in case of fire—					
(a) No Certificate ..	4	1	0	2	0
(b) Inadequate ..	0	0	0	0	0

### Housing.

The provision of new housing accommodation and the maintenance of existing houses still form one of the major duties of the local authority. During the year a further 82 houses were built to bring the number of post-war buildings to 481.

The authority's scheme for the Allocation of Houses still carries about 470 applicants. During 1953, 41 families in apartments were provided with accommodation and 26 families from houses either by reason of the fact that the dwellings were substandard or overcrowded, because there existed some specific disease which was brought about or aggravated by the conditions under which the family lived, or because they were cases requiring special consideration for instance, key workers.

A large proportion of the Sanitary Inspector's time continues to be given to the scheme for allocation of houses, both in office and outdoor work. Apart from maintaining the files as up to date as possible, 253 investigations have been made, and some 150 interviews given to applicants.

### Housing Statistics.

#### 1. Inspection of Dwelling Houses during the year.

(a) Total number of Dwelling houses inspected for Housing Defects (under Public Health or Housing Acts)	156
(b) Number of Inspections made for that purpose...	194

2. (a) Number of Dwellings (included under Sub-heading (1) above which are inspected and recorded under the Housing Consolidated Regulations, 1925	10
(b) Inspections made for that purpose	15

Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... *See below*

(In this respect a preliminary survey of the town has revealed some 150 houses which will be considered by the Authority when the housing situation improves or when the opportunity arises by reason of the property becoming vacant).

Number of dwellings (exclusive to those referred to under the preceding sub-heading) found not in all respects reasonably fit for human habitation 62

Remedy of Defects during the year without service of Formal Notice.

Number of defective dwelling houses rendered fit in consequence of Informal Notice action by the local Authority or their officers ... 53

**Action under Statutory Powers during the year.**

(a) Proceedings under Section 9, 10 & 16 of the Housing Act, 1936.

- |  |     |     |
|--|-----|-----|
| 1. Number of dwelling houses in respect of which notices were served requiring repairs | ... | Nil |
| 2. Number of dwelling houses which were rendered fit after service of formal notices   | ... | Nil |
| (a) By Owners.   |     |     |
| (b) By local Authority in default of Owners.   |     |     |

(c) Proceedings under Public Health Acts.

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied | ... | ... | ... | 6   |
| 2. Number of dwellings in respect of which defects were remedied after service of formal notices.     |     |     |     |     |
| (a) By Owners   | ... | ... | ... | 1   |
| (b) By local Authority in default of Owners   | ... | ... | ... | Nil |

(c) Proceedings under Section 12 of the Housing Act, 1936.

- |  |     |     |     |     |
|--|-----|-----|-----|-----|
| 1. Number of separate tenements or underground rooms in respect of which Closing Orders were made  | ... | ... | ... | Nil |
| 2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or rooms having been rendered fit | ... | ... | ... | Nil |

(d) Proceedings under Section 11 & 13 of the Housing Act, 1936.

- |  |     |     |
|--|-----|-----|
| 1. Number of dwelling houses demolished in pursuance of Demolition Orders        | ... | 1   |
| 2. (a) Number of dwelling houses in respect of which Demolition Orders were made | ... | Nil |
| (b) Undertakings accepted that the house will not be used for human habitation   | ... | 2   |

(e) Proceedings under Section 3 Housing Act 1949 :—

1. Closing order is made under Section 3 (1)	...	Nil
2. Demolition Orders determined and Closing Orders substituted under Section 3 (2)	...	Nil

(f) Local Government (Miscellaneous Provisions) Act, 1953

Closing Orders made under Section 10 (1)	...	3
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**House to House Inspections of Council Owned Houses.**

Routine inspections have been carried out at the Council's Housing Estates during the year, 170 premises have been visited for inspection of defects and 105 visits respecting housing management.

Verminous or dirty premises noted are dealt with immediately after inspection and if the unsatisfactory condition is not improved the matter is reported to the Council.

Generally the premises are kept in good condition, but there are some tenants who require constant supervision. This is carried out as often as can be arranged.

List of repairs noted either by routine inspection or specially following reports of the rent collector, are sent to the Borough Engineer for his attention.

## Meat Inspection.

During the year daily visits were made to the Abattoir for the purpose of carrying out a 100% inspection of all animals slaughtered.

The tables given below show the number of animals killed, particulars of meat condemnation and incidence of disease.

### Number killed :

Cattle excl. Cows.	Calves.	Sheep & Lambs.	Pigs.
668	973	7055	3347
Cows 255			

### Number inspected :

923	973	7055	3347
-----	-----	------	------

### All Diseases except Tuberculosis :

#### Whole carcasses condemned—

Cattle.	Calves.	Sheep & Lambs.	Pigs.
10	7	49	7

#### Part carcasses condemned—

17	2	14	6
----	---	----	---

### Carcase of which some organ was condemned—

Cattle.	Calves.	Sheep & Lambs.	Pigs.
770	3	1376	49

### Percentage of the number inspected with disease other than Tuberculosis—

83·43	·03	19·5	1·46
-------	-----	------	------

### Tuberculosis only :

#### Whole carcasses condemned—

Cattle.	Calves.	Sheep & Lambs.	Pigs.
6	Nil.	Nil.	2

#### Part Carcasses condemned—

3	Nil.	Nil.	3
---	------	------	---

### Carcase of which some organ was condemned—

Cattle.	Calves.	Sheep & Lambs.	Pigs.
30	Nil.	Nil.	47

Percentage of the number of animals killed affected with  
Tuberculosis—  
0·91

Percentage of the number of cattle killed affected with  
Tuberculosis—  
5·83

Total Weight of carcase meat condemned—4 tons 19 cwts. 50 lbs.

Total Weight of offal condemned—4 tons 3 cwt. 3 qrs.

### Rainfall in 1952/53.

Rain Gauge ... } Diameter of Funnel, 5 inches.  
                          } Height of Top } Above Ground 1 ft.  
                          }                         }         Sea Level 215 ft.  
                          } Situation :—Bailey Park,

			<i>Total Depth, inches</i>	
<i>Month.</i>			<i>1952</i>	<i>1953</i>
January	...	...	4·5	0·63
February	...	...	0·8	1·64
March	...	...	2·0	1·44
April	...	...	2·9	3·60
May	...	...	3·1	2·56
June	...	...	2·2	1·86
July	...	...	1·3	3·25
August	...	...	6·2	4·70
September	...	...	4·7	4·20
October	...	...	5·7	4·40
November	...	...	3·5	2·20
December	...	...	3·7	1·20
Total			40·6	31·68

ROGER J. HOWELLS,  
Sanitary Inspector.







